

Office of Legislative Auditor

Department of Public Safety and Corrections, Corrections Services



Information Report

March 2006

Health Care Provided to Adult Inmates in State Institutions

The information contained in this report was developed as a result of a performance audit we initiated but did not complete of the Department of Public Safety and Corrections, Corrections Services (the department).

Because of the impact hurricanes Katrina and Rita had on the department's daily operations, we were not able to conduct all necessary tests and analyses to answer the audit objective. Therefore, we present in this report the following information we compiled before August 29, 2005.

- The department implemented an inmate medical co-payment fee schedule in 1996. Fees are \$3 for each self-initiated request for medical, dental, and mental health services and \$2 for each new prescription written and dispensed (with certain exceptions).
- The department joined a multi-state consortium around 1998 that allows states to purchase medications at 60% of their full cost and partnered with the Louisiana State University (LSU) public hospital system to purchase drugs for HIV treatment through a federal pharmaceutical purchasing program.
- In 1996 and 1997, two state institutions began using telemedicine in collaboration with area public hospitals.

I hope this information will benefit you in your legislative decision-making process.

Sincerely,

Steve J. Theriot, CPA
Legislative Auditor

Background

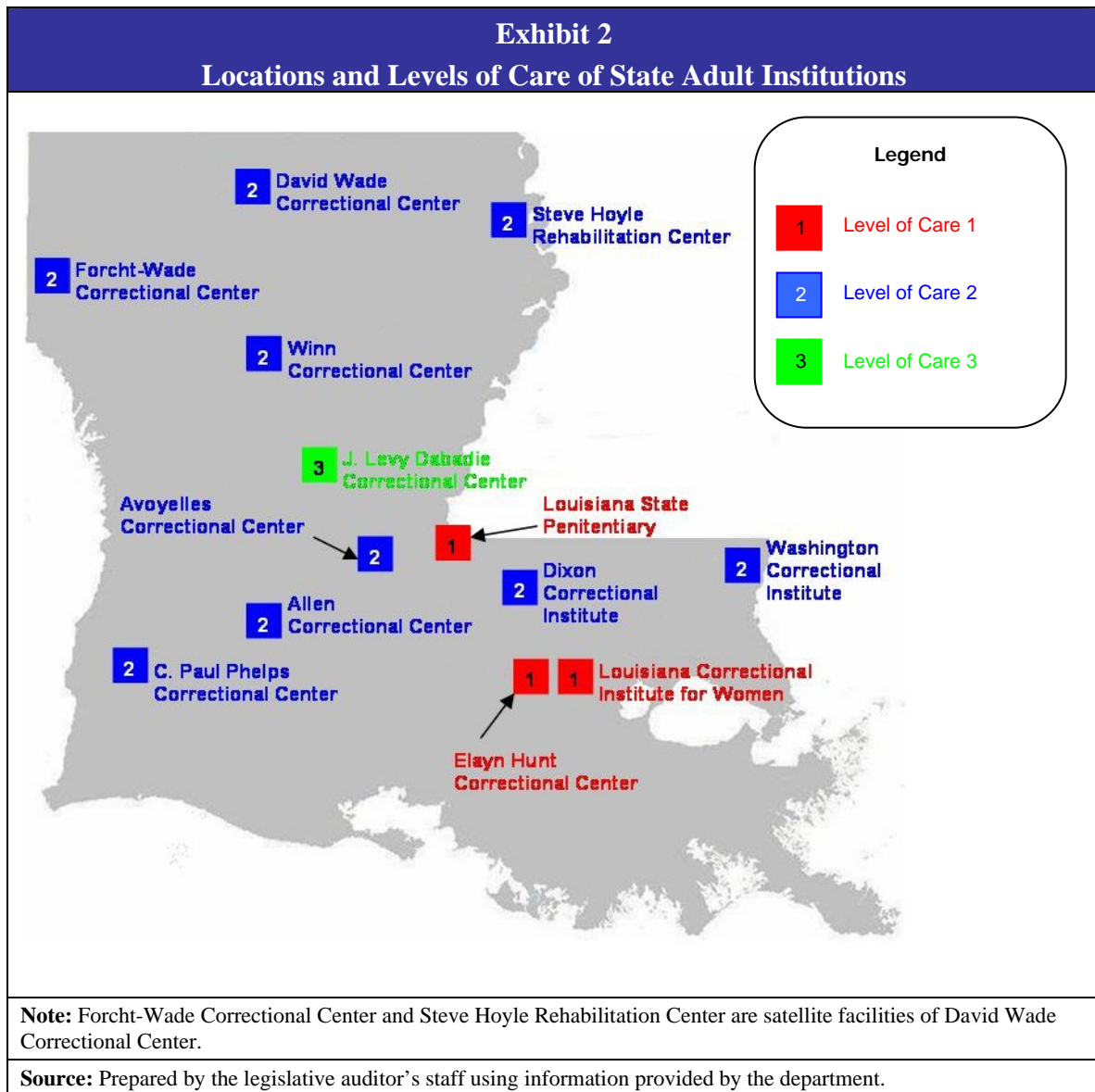
Legal Authority. Louisiana Revised Statute 15:831(A) requires the secretary of the Department of Public Safety and Corrections, Corrections Services (the department), to prescribe standards for medical, health, and dental services for each state institution, including preventative, diagnostic, and therapeutic measures on both an outpatient and inpatient basis for all types of patients.

Level of Care. The department defines basic health care as routine care provided to inmates including any contact between inmates and medical staff. Each state correctional institution is staffed with medical personnel and provides all contacts on-site, when possible.

Specialty health care includes but is not limited to orthopedics, cardiology, surgery, internal medicine, dermatology, and obstetrics/gynecology. The department relies primarily on the public hospital system to provide specialty care and other services such as after-hours emergency care and trauma care.

According to the department's health care policies, departmental staff is to determine each state inmate's level of care upon entry into the state correctional system so that each inmate is provided with the medical resources he or she requires. The department has established a medical level of care classification system that indicates the highest level of care available at each state institution. Exhibit 1 defines the three levels of care. Exhibit 2 on the following page presents the location and level of care of each state adult institution.

Exhibit 1 Medical Levels of Care	
Level of Care	Definition
1	<ul style="list-style-type: none">▪ 24-hour in-patient care facility staffed with licensed health care providers▪ Physician on-site 24 hours a day or readily available to travel to the institution▪ Inmates need consultation or management by special medical staff not available at Level of Care II institutions▪ Examples: Stroke, cancer, bed-confined, AIDS, and nursing home type patients
2	<ul style="list-style-type: none">▪ 24-hour in-patient care facility staffed with licensed or registered/certified health care providers▪ Physician on-call 24 hours a day or access to an emergency medical facility in a nearby community▪ Inmates may need significant nursing care and management by an in-house physician with access to diagnostic resources▪ Examples: Post-operation and congestive heart failure patients
3	<ul style="list-style-type: none">▪ 24-hour health care trained staff on-site or in a community setting▪ Inmates need only routine care▪ Examples: Diabetes and controlled diseases patients
Source: Prepared by the legislative auditor's staff using the department's Health Care Manual.	



Increased Costs

The legislature appropriated over \$40 million to the department for fiscal year 2006 to provide health care to inmates in nine state institutions.¹ The LSU Health Sciences Center, Health Care Services Division budgeted an additional \$27.5 million for the public hospital system to provide health care to inmates of both the state and local correctional systems.

¹ As of August 19, 2005, the department housed 15,097 adult inmates in nine state institutions. An additional 21,881 adult inmates were housed in two private state institutions, the State Police Barracks, local correctional facilities, community rehabilitation centers, and medical facilities. We were unable to obtain information on the health care costs of the inmates housed in these other facilities.

Factors such as rising hospital costs, an increased prevalence of chronic diseases, growing medication costs, and larger special needs populations have contributed to an increase in the costs associated with providing health care to inmates, according to department officials.

Hospital Costs. According to department physicians we interviewed, some public hospitals divert inmates to private hospitals because the public hospitals often lack available beds and adequate services necessary to meet inmates' needs. The physicians also said that private physicians often do not discharge inmates as soon as physicians in public hospitals do, making private hospital costs higher than public hospital costs. Also, because inmates are not eligible for Medicaid benefits, the department must pay private hospitals their regular rates. However, some private hospitals have negotiated with the department to accept reduced rates, and others have agreed to accept the Medicaid rate, which is about 60% of their regular rates, according to the department physicians.

Communicable and Contagious Diseases. State institutions have a much higher prevalence of chronic diseases than the general population, according to department physicians we interviewed.

Human Immunodeficiency Virus (HIV): The HIV infection rate in prisons is five to six times greater than in the general population, according to the department physicians. The physicians estimated that approximately 400 HIV-positive inmates are in the state correctional system (i.e., about 2% of the prison population). The department provides care to these inmates primarily through the public hospital system.

Although the department does not test all state inmates for HIV, its practice is to provide all inmates with education about the risks of HIV and risky behaviors associated with HIV infection. After receiving the education, inmates can request a test if they suspect that they may be infected. The department tests all inmates who exit the state correctional system through the parole process, but it does not routinely test other inmates prior to release.

The department reports HIV-positive tests to the Department of Health and Hospitals' Office of Public Health. These data impact the level of funding that office receives from the federal Ryan White CARE Act. The Ryan White funding provides health care to people who are infected with HIV and who have low incomes and little or no insurance. The department receives a portion of the Ryan White funding for its pre-release program.

Hepatitis B: According to the department physicians, state institutions have had a high prevalence of Hepatitis B in the past but not in recent years. The Centers for Disease Control recommend vaccinating the entire prison population and offering free vaccines for persons under the age of 21. The department's practice is to immunize anyone who comes in close contact with inmates on a regular basis, but department officials say the department does not have the funding to vaccinate all inmates.

Hepatitis C: Approximately 30% of the state's prison population is infected with Hepatitis C, according to the department physicians. Hepatitis C has become a major issue for the state's institutions because of its prevalence and costly treatment protocol. The 18-month treatment costs an average of \$20,000 per inmate including medications and biopsies. This high cost limits the number of inmates the department can treat for Hepatitis C, according to the physicians.

Tuberculosis: According to the department, Multiple Drug Resistant Tuberculosis is a highly contagious disease that cannot be controlled by medication. Department physicians estimated that the disease has a prevalence of about 23% in the state's institutions. Immune-compromised inmates and institution staff are at an increased risk for contracting the disease. According to the physicians, Louisiana's correctional system was one of the first in the nation to annually test inmates and staff for Tuberculosis. The department began its system-wide testing protocol around 1993 and diagnoses approximately two to three active cases per year. The department built negative air pressure rooms at the Elayn Hunt Correctional Center, the Louisiana State Penitentiary, and the Louisiana Correctional Institute for Women so that inmates with active Tuberculosis can be treated while non-infected inmates and staff can be protected.

Medication Costs. Department physicians said that the department purchases medications to treat HIV, Hepatitis B, and mental illnesses more than any other medication. The physicians also said that the department spends an average of about \$5,000,000 per year on these medications, of which about one-fourth (\$1,250,000) is spent on psychotropic drugs. New medications that have fewer side effects and that work better to treat mental illnesses are becoming available, but they cost significantly more than the older drugs, according to the physicians.

Special Needs Populations. According to the department, inmates who have spent much of their lives in prison generally age more rapidly than the population at large. Consequently, the department considers inmates age 50 or older to be "geriatric." Department officials say that the number of geriatric inmates has been increasing, as has the number of inmates who arrive in prison with immunological deficiencies and other serious health conditions. As a result, the department requires special resources to meet the needs of the changing demographics of inmates.

Aged and Infirm: The department opened a facility in 1996 for frail and infirm inmates near Shreveport as a satellite of the David Wade Correctional Center. This facility, the Forcht-Wade Correctional Center, maintains 362 beds primarily for adult male inmates who, because of age and/or physical impairments, require special assistance.

Dialysis: In 2004, the department established a dialysis facility at Dixon Correctional Institute to provide care and treatment to inmates diagnosed with chronic or end-stage renal failure. Hemodialysis is performed at the Earl K. Long Hospital under the direction of a nephrologist. Medical staff of Dixon and Earl K. Long work together to meet the medical, dietary, and psycho-social needs of inmates with kidney failure.

Hospice: In response to the large combined population of aging inmates, long-term offenders, and seriously ill inmates, the department established a hospice care program at the Louisiana State Penitentiary in 1998. According to the department, the program has been nationally certified and identified as a model by the National Prison Hospice Foundation. The Elayn Hunt Correctional Center and the Washington Correctional Institute have also implemented hospice care programs in 2000 and 1993, respectively.

Mental Health Treatment: The Tulane University School of Medicine provides mental health services to mentally ill inmates at Elayn Hunt Correctional Center. The center's mental health facility, which opened in 1997, contains a 60-bed secure unit and an 83-bed dormitory/intermediate unit to stabilize the inmates and provide them with an opportunity to live in the least restrictive environment possible.

In addition, the Louisiana State Penitentiary has had a mental health program since the establishment of the prison in 1880. The 60-bed transition unit provides housing and programming for severely mentally ill and severely developmentally disabled inmates. The facility also has a 68-bed reintegration dormitory. The dormitory offers a less restrictive environment, continued programming, and the possibility of gradual transition to a regular population dormitory.

Skilled Nursing: The department plans to establish a skilled nursing/mental health/AIDS-HIV unit at the Elayn Hunt Correctional Center, according to department officials. The unit will provide acute and chronic medical and mental health care to about 700 inmates. The facility will include new clinical areas and in-patient housing units to meet the department's short-term and long-term needs for non-hospital services such as emergency care, frequent medical monitoring, long-term skilled nursing home care, and hospice care. These services will supplement the services provided by the public hospital system.

According to the department, the design work for the facility has been completed and approved by the Division of Administration's Office of Facility Planning and Control. The legislature has appropriated about \$26 million in construction funds for the project. Construction has begun and should be completed by calendar year 2007, according to a department official. This official also said that the department completed the construction of a 50-bed skilled nursing facility at the Forcht-Wade Correctional Center in December 2005, but the department will not be using the facility as it intended because of budget cuts.

Cost Saving Mechanisms

Co-payments. In 1996, the department implemented a schedule of medical co-payment fees to deter state adult inmates from abusing and misusing the sick call system by claiming illness to avoid work. Fees are \$3 for each self-initiated request for medical, dental, and mental health services and \$2 for each new prescription written and dispensed (with the exception of psychotropic drugs and medications prescribed for public health purposes). However, no inmate

is refused medical, dental, or mental health services or drug treatment if he or she is unable to make the co-payment, according to department policy.

The department estimates that the total number of contacts between inmates and health care personnel was over 152,000 for July, August, and September 2004. This number includes basic and specialty health care contacts made both on-site and off-site. According to the department, state institutions assessed over \$81,000 in medical co-payments during this time and collected about 54% of the co-payments. Although the collections are minimal, department officials say that the co-payment system has decreased the number of sick call visits and reduced personnel costs.

Pharmaceutical Purchasing Programs. To manage the rising costs of providing drug treatment to inmates, the department joined a multi-state consortium around 1998. The consortium allows states to purchase medications at 60% of their full cost. The department has also partnered with the LSU public hospital system to purchase drugs for HIV treatment through a federal pharmaceutical purchasing program.

Telemedicine. Telemedicine applies interactive video and specialized diagnostic equipment to enable physicians at one location to examine patients at other locations. According to department physicians, the technique works well for managing diseases that would generally be managed on an outpatient basis, for follow-up, and for pre- and post-operation appointments. In 1996, the David Wade Correctional Center established a telemedicine relationship with the E.A. Conway Medical Center in Monroe and several years later with the LSU Medical School in Shreveport. In 1997, the Louisiana State Penitentiary began collaborating with the LSU Medical School in New Orleans and later with the Earl K. Long Hospital.

According to the department, telemedicine has reduced the number of inmates present in public medical facilities and has reduced transportation costs. However, department physicians said that expansion efforts have been slow because many physicians do not embrace the technique, preferring hands-on care instead. Other barriers include the need for a secured site, the need for continuity of care, and the lack of available specialists with the necessary privileges, according to the department physicians we interviewed.

Secure Facilities. According to department physicians, the E.A. Conway Medical Center has a secure medical ward for inmate patients. The ward is self-contained and equipped with exam rooms and an x-ray machine. The department provides correctional officers to guard the ward. The physicians also stated that the Earl K. Long Hospital plans to convert its fourth floor to a similar secure unit for inmate patients. Secure facilities reduce the need to provide a guard for every inmate patient for the length of the patient's medical visit and separate inmates from other patients, according to the physicians.

Need more information?

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A copy of this report is available on our Web site at www.lla.state.la.us.

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